

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

36485

STATE FILE NUMBER

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <i>Knox</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Lewis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Edina Mo</i>		c. CITY OR TOWN <i>Durham</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Gilson Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>Reside on Farm</i>	
3. NAME OF DECEASED (Type or print) First <i>Towney</i> Middle <i>T</i> Last <i>Sanders</i>		4. DATE OF DEATH Month <i>10</i> Day <i>14</i> Year <i>57</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>4-13-1874</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	
10a. FATHER'S NAME <i>John</i>		10b. MOTHER'S MAIDEN NAME <i>Elizabeth Ballard Sanders</i>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		12. SOCIAL SECURITY NO. <i>0</i>	
13. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Paralysis (intraventricular)</i> DUE TO (b) <i>Massive intracerebral hemorrhage &amp; Thrombotic Encephalomalacia</i> DUE TO (c) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i> <i>4 1/2 days</i> <i>Years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>331X</i>		
20c. TIME OF INJURY Hour <i>5:56 P</i> Month <i>9</i> Day <i>18</i> Year <i>1957</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>10-9-57</i> to <i>10-14-57</i> and last saw her alive on <i>10-14-57</i> Death occurred at <i>5:56 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R D Bradley D.D.</i>		22b. ADDRESS <i>Memphis Mo</i>	
22c. DATE SIGNED <i>10-14-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct 18, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Durham</i>	23d. LOCATION (City, town, or county) (State) <i>1/2 mile N. Durham Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Thomas Ball Ewing Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Oct. 16-57</i>	
		26. REGISTRAR'S SIGNATURE <i>Helle A. Dunolt</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *L. M. Crabill*.....

Licensed Embalmer No. *490*.....

P. O. Address *Ewing*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.